UNIVERSITY OF IDAHO
STUDENT HEALTH PHARMACY
Notice of Health Information Practices

This notice is to inform you of our pharmacy's dedication to protecting your privacy. This serves as notice of how we may use and disclose your medical information.

MEDICAL INFORMATION:
The University of Idaho Student Health Pharmacy is devoted to protecting your medical information. In order to serve you better we maintain an ongoing record of the care, services, and treatment you receive. This notice describes how we may use and disclose your records in order to assist you better. It also discloses your rights to access your medical information.

The HIPPA (Health Information Privacy and Portability Act) law requires us to:

- Protect your medical information from access by and disclosure to: non-medical professionals unassociated with your wellbeing.
- Give you notice of our legal duties and implemented privacy practices with respect to our intentions with your medical information.

For Treatment:
By law we are allowed to use your medical information in concert with providing you care, services, and treatment. Your information may be shared with medical personnel involved in your wellbeing (i.e. doctors, nurses, counselors, and office support) at any health care facility.

Legal Actions:
In response to a subpoena, warrant, or other lawful legal actions we may disclose your medical information.

Public Health Risks:
Under the following situations in which the health of the general public is at risk we may disclose your medical information:

- Preventing and controlling disease (i.e. epidemic outbreaks).
- Notifying a person who may be at risk of contracting or spreading a disease or condition because of exposure.
- Contacting appropriate authority, as required by law of all health care providers, when we determine that a patient has been a victim of abuse.

For Payment:
In order to properly bill for our care, services, and treatment aspects of your medical information is available to qualified insurance carriers.

Your Rights to Access Your Records:
Upon written request, you have the right to review and copy your medical information at anytime.

Signing the Patient Information Form acknowledges that you have read this statement and agreed to this policy in regards to the use of your medical information.

Please ask us for further information on how we may disclose your medical records and your rights to access your records.